



## AUTHORIZED SIGNATURES

### DEPARTMENT OF HEALTH AND SENIOR SERVICES

	LAST NAME	FIRST NAME, MI	NOTES	STREET ADDRESS	CITY, STATE ZIP	EMAIL ADDRESS	OFFICE PHONE NO
SA	Kolb	Kevin	Statewide	920 Wildwood	Jefferson, City, MO	kevin.kolb@health.mo.gov	573-751-6036
AA	Hoskins	Mary	Statewide	912 Wildwood, PO Box 570	Jefferson City, MO	mary.hoskins@health.mo.gov	573-751-6059
AA	Vasterling	Carolyn Gail	Director	912 Wildwood, PO Box 570	Jefferson City, MO 65102	gail.vasterling@health.mo.gov	573-751-6002

\*SA = SIGNATURE AUTHORITY

AA = APPOINTING AUTHORITY

POC = POINT OF CONTACT